Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Filing at a Glance

Company: State Auto National Insurance Company

Product Name: Arkansas NSA FM SERFF Tr Num: STAT-125313537 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-026364

Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: SAN-AU-2007-1035 State Status:

(PPA)

Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty

Montesi, Brittany Yielding
Disposition Date: 10/09/2007

Authors: Doug Griffith, Amanda

Zalipski

Date Submitted: 10/08/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

General Information

Project Name: Forms eff 01-01-08 Status of Filing in Domicile:

Project Number: SAN-AU-2007-1035 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 10/09/2007

State Status Changed: 10/08/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

State Auto National Insurance Company submits this filing of a revision to its insurance identification card to our Non-Standard Auto Insurance Program, as detailed below, for your review.

We have revised the Arkansas Insurance Identification Card to comply with SB 88, and the words "Excluded Driver" will appear on the front of the identification card, when the policy has an excluded driver.

Company and Contact

Filing Contact Information

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Doug Griffith, Supervisor, State Filings doug.griffith@stateauto.com 518 E. Broad Street (614) 917-5492 [Phone] Columbus, OH 43215 (614) 887-1615[FAX]

Filing Company Information

State Auto National Insurance Company CoCode: 19530 State of Domicile: Ohio

518 E. Broad Street Group Code: 175 Company Type: Property and

Casualty

PO Box 182822

Columbus, OH 43215 Group Name: State ID Number:

(614) 464-5000 ext. [Phone] FEIN Number: 31-1334827

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Filing Fees

Fee Required? Yes Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

State Auto National Insurance Company \$50.00 10/08/2007 15996780

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/09/2007	10/09/2007

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Disposition

Disposition Date: 10/09/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Item Type Item Name Item Status Public Access

Yes

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Form Arkansas Insurance Identification Card Approved Yes

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

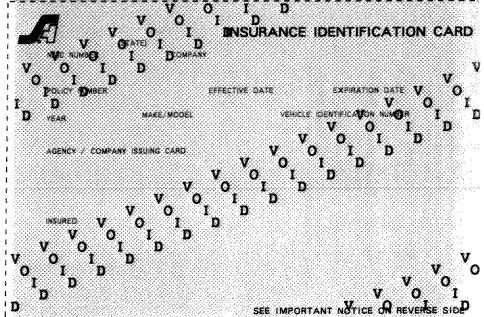
Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Form Schedule

Review	Form Name	Form #	Edition	Form Typ	e Action	Action Specific	Readability	Attachment
Status			Date			Data		
Approved	Arkansas Insurance	Idfovar	0602	Other	New		0.00	Arkansas Insurance
	Identification							Identification
	Card							Card.pdf



AAR 1106938 01 R R 06 ARKANSAS INSURANCE IDENTIFICATION CARD COMPANY NAIC NUMBER STATE AUTO P & C 518 E BROAD ST, COLS, O 25127-NAIC POLICY NUMBER 01-01-08 07-01-08 AAR 1106938 VEHICLE IDENTIFICATION NUMBER FORD RANGER 1FTCR10U3STA59850 AGENCY / COMPANY ISSUING CARD STEVE STANDRIDGE INSURANCE INC PO BOX 555 MT IDA, AR 870/867-4111 71957 TERRY ARNOT 1 ID CARD TEST SOMEWHERE, AR INSURED 25229 EXCLUDED DRIVER(S) SEE IMPORTANT NOTICE ON REVERSE SIDE R R 06 **ARKANSAS** INSURANCE IDENTIFICATION CARD NAIC NUMBER COMPANY STATE AUTO P & C 518 E BROAD ST, COLS, OH 43215 25127-NAIC AAR 1106938 01-01-08 07-01-08 07 TOYOT RAV4 LIMITE JTMBK34V075038108 AGENCY / COMPANY ISSUING CARD STEVE STANDRIDGE INSURANCE INC PO BOX 555 MT IDA AR 870/867-4111 71957 TERRY ARNOT 1 ID CARD TEST SOMEWHERE, AR 25229 EXCLUDED DRIVER(S) SEE IMPORTANT NOTICE ON REVERSE SIDE



REPORT ALL ACCIDENTS IMMEDIATELY

Claims can be reported to your State Auto agent or our Claims Contact Center.

STATE AUTO CLAIMS CONTACT CENTER

Mave your policy number handy when you call, 24 hours a day, seven days a week 1-800-766-1853

If you have an auto glass claim, dial the State Auto Glass Service direct at 1-888-504-4527.

KEEP THIS CARD IN YOUR VEHICLE AT ALL TIMES AS YOU MAY BE ASKED TO PRESENT UPON DEMAND MOST States require drivers to show proof of insurance

when stopped by a law enforcement officer.

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* 00200000646AAR11069380110*

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Rate Information

Rate data does NOT apply to filing.

Filing Company: State Auto National Insurance Company State Tracking Number: AR-PC-07-026364

Company Tracking Number: SAN-AU-2007-1035

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Arkansas NSA FM

Project Name/Number: Forms eff 01-01-08/SAN-AU-2007-1035

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 10/09/2007

Property & Casualty

Comments:

Attachment:

AR NSA FM Transmittal.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	Z. III	Sui ai	ice De	partment	Ose offing		
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	ntact Info of Filer(s) or Corporate			1	l-free numb		o mail	
Con 6.	Name and address	Officer(s Title		1	l-free numb hone #s	er] FAX #	e-mail	
	Name and address Doug Griffith	Title Supervis	sor,	Telep 800.6	hone #s 895.9436			
	Name and address	Title	sor,	Telep 800.6	hone #s	FAX#	e-mail doug.griffith@stateauto.com	
	Name and address Doug Griffith 518 E. Broad Street	Title Supervis	sor,	Telep 800.6	hone #s 895.9436	FAX#		
	Name and address Doug Griffith 518 E. Broad Street	Title Supervis	sor,	Telep 800.6	hone #s 895.9436	FAX#		
	Name and address Doug Griffith 518 E. Broad Street	Title Supervis	sor,	Telep 800.6	hone #s 895.9436	FAX#		
6.	Name and address Doug Griffith 518 E. Broad Street Columbus, OH 43215	Title Supervis State Fili	sor,	800.6 (ext	hone #s 895.9436	FAX#		
7. 8.	Name and address Doug Griffith 518 E. Broad Street Columbus, OH 43215 Signature of authorized filer Please print name of authorize	Title Supervis State Fili	sor, ings	800.6 (ext	695.9436 6. 5492)	FAX # 614.887.1615		
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Property & Casualty Transmittal Document—

21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We have revised the Arkansas Insurance Identification Card to comply with SB 88, and the words "Excluded Driver" will appear on the front of the identification card, when the policy has an excluded driver.

22. Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2